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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*A Case of Injury by Lightning* by J. W. SPAULDING, M. D. Victoria, Knox Co., Ill.

It seems to be the settled opinion of scientific men, that in injury by lightning, no burn is the direct consequence of the electric fluid, but that serious injuries are produced, such as contusion, laceration, or fracture. In many cases no external marks of violence exist. "I have not met with the account of any case where the appearance of a burn has been produced by the direct action of a stroke of lightning: for in those instances in which burns have been found upon the body, it appears that ignition of the clothes or articles of furniture had taken place, to which, alone, the burning was to be attributed."—(Taylor's Medical Jurisprudence, page 607.)

As an interesting case occurred in my practice (several years ago, which has been reported to the Stark Co. Medical Society, Ill.,) which strongly militates against the above views, I send it, and if you think it worthy of a place in your Journal, it is at your service.

On the 24th of June, 1843, there was a small cloud arose in the west, late in the afternoon, and it rained about fifteen minutes. During the shower there was one solitary clap of thunder, and one

flash of lightning, which were nearly simultaneous. The lightning struck a cabin three miles from my residence; there were four persons in the cabin at the time, Mr. W., who stepped in to avoid the shower, and the woman of the house, and her two children.—Mr. W. was sitting on the left of the fire place, the woman with an infant in her lap, on the right, and a small boy on the bed, he being the only one that escaped injury.

The electric fluid passed down the chimney until it arrived at the log that formed the mantletree, where it perforated a piece of chinking, making a mortice about three inches long: another portion forced for itself a passage in the top of the log, making a groove of two inches in diameter, the main current perforated the floor in front of the hearth and disappeared in the ground.

The chinking on the opposite end from the chimney were all forced out, and boards thrown from the roof, the furniture and crockery thrown down and demolished.

Mr. W. and the woman were both struck down, and the woman remained in a state of unconsciousness for an hour, when she aroused and discovered Mr. W. lying on his face, almost entirely divested of his clothing. She turned him over, supposing him to be dead, and gave the alarm.

His wife and brother were soon on the ground, and found him lying in the position left by the woman. His buckskin pantaloons were torn into shreds, and forced into the crevices between the logs at the further end of the cabin; the rest of his clothing was torn from him, and the shirt, or a portion of it, ignited, producing a superficial burn on the shoulders.

The lightning struck him on the back part of the left parietal bone, ran down over the cervical and upper dorsal vertebræ, destroying the cutis between the scapula the size of a person's hand; it then passed to the left side, where the parts were extensively burned; it then passed over the ossa pubis, penis, scrotum, denuding them of the cuticle, and continued its course, in a serpentine direction, over the ham, down the outside of the leg, and perforated the boot near the heel, where it made its escape.

The whole track from his head to his heels left a burn about 3 inches wide, except where the destruction was much more severe.

There was a severe burn on the palmer side of the left arm, ex-

tending from the second phalanx of the thumb, to near the elbow. The right elbow was likewise severely burned over the olecranon.

The severer burns were baked to a crisp, and there was nothing ignited around him that could have produced so serious an effect, for the small portion of the shirt that burned left the marks about the shoulders, and was easily distinguished from the other injuries. Nothing else about the premises was scorched, leaving it self-evident that lightning and nothing else was the cause of those severe burns.

His brother, after dashing a pail of cold water on him, and placing him on a bed, came for me. Before my arrival, animation returned, and from his furious conduct his wife was fearful that he would seriously injure himself by jamming his head against the walls of the cabin, and she let him out upon the prairie.

I found him eighty rods distant, on his return, led by his wife, perfectly unconscious of all surrounding objects, and in a state of perfect nudity.

I relieved the woman, (who fainted from over excitement,) and led him to his house, where he was prevented from injuring himself until assistance arrived, when I bled him liberally, and he quieted down.

He remained quiet through the night, and sensibility slowly returned. In the morning he answered questions rationally, but had no knowledge of the cause of his present condition.

During the day, his pulse became sharp and frequent, his skin dry and hot, and his tongue coated. He was bled and purged, and the bleeding repeated daily for six or seven days, when the excitement was controlled.

The burns commenced suppurating in a few days, when they were treated with linseed and charcoal poultices, and the dead parts removed, in order to lessen the excessive fœtor.

The whole muscular portion of the obliquus externus was removed, without pain, exposing the fibres of the transversalis; the lower portion of the pectoralis major, was removed or sloughed, so as to expose a portion of the serratus magnus; the anterior edge of the latissimus dorsi was destroyed, and the origin of the glutei muscles, so as to expose the whole crest, and a portion of the dorsum of the ilium; and a portion of the crest exfoliated.

The whole of the soft parts of the anterior portion of the fore-arm, muscles, tendons, and radial artery, sloughed; and a portion of the radius four inches long, exfoliated.

There was an extensive slough of the right elbow, and numerous smaller ones in different localities.

During the suppurating stage he was kept on a rich, nourishing diet, and stimulants. The suppurative surfaces were dressed with skin or mild cerates, as indicated. He was able to be up in eight weeks, and in a short time the parts filled up by granulation, and cicatrized, leaving him crippled in the left hand.

ARTICLE II.—*Report on Dysentery, made to the* Cook Co. Medical Society, by A. B. Palmer, M. D.

[This article was prepared for the editorial department of the last No. of the Journal, but was unavoidably crowded out. The Report was a verbal one, and this abstract has been made up from notes taken at the time.—*Eds. Jour.*]

The subject of Dysentery was taken up for the evening's consideration. Dr. Palmer commenced by defining the disease—an inflammation of the mucous membrane of the large intestines—but considered it, at least in many cases, especially when occurring as an epidemic, or endemic, as an inflammation of a peculiar character, differing from the inflammation that occurs in accidental Enteritis, besides in location. He thought a simple inflammation of the mucous membrane of the large intestines, produced by a local or accidental cause, would not give rise to all the phenomena which usually attend a case of genuine Dysentery.

Writers divide Acute Dysentery into *Bilious*—where there is special derangement of the hepatic secretion—whether that consists of deficiency or superabundance of bile; *Adynamic*—where there is special depression of the vital forces; *Intermittent* and *Remittent*—where the disease is connected with distinct and well developed paroxysmal or miasmatic fever, or in the absence of such fever, the dysenteric symptoms have regular periods of decided exacerbation—Typhus Dysentery complicated with Typhoid fevers—Rheumatic Dysentery, he said, was also mentioned by authors, occurring as the result of a metastasis of rheumatic inflammation

from some other part, but of this form of the disease he had no personal knowledge. He doubted whether rheumatic inflammation affected in that way a mucous membrane.

He remarked that Dysentery was sometimes complicated with *general Enteritis.* In these cases there was not unfrequently, in addition to the bloody mucus, and discharges of moderate quantities of fresh blood, free sero-sanguinous discharges of a briny or much darker appearance, the color of the blood being darkened by the action of the secretions of the small intestines. Other symptoms also marked this complication.

Cholera was sometimes complicated with Dysentery. He had seen many cases of this kind during the present season. Also cholera complicated with general Enteritis and Dysentery. In cases of this kind the patients were attacked with cholera in the usual way. Diarrhœa becoming serous, attended with vomiting, cramps &c., but with less tendency to the blue stage, and the profuse, cold perspiration; reaction occurring earlier, tenderness, tenesmus, fever and bloody discharges after 24 to 72 hours. When the small intestines are also involved, in addition to the dysenteric discharges, more free sero-sanguinous evacuations occur. These cases, according to his observation, were less liable to prove speedily fatal, than where a tendency to the complication did not exist, in consequence of the early disposition to reaction; and the inflammatory symptoms he had been very generally able to subdue. He often prognosticated on first seeing patients with active rice-water discharges, severe cramps, &c., that Dysentery or Enteritis would occur, from a greater rapidity of pulse, more tendency to dryness of the tongue, slight tenderness (in some cases) of the abdomen, more frequent but less profuse discharges, a degree of pain aside from the cramp, and above all, from a degree of warmth not present with the same amount of rice-water discharges where this tendency does not exist. In these cases, he thought the violent determination of blood to the internal organs, and especially to the mucous membrane of the alimentary canal, occurring in cholera, produced active congestion, and developed inflammation.

The *prognosis* in simple sporadic dysentery, was usually favorable, but in epidemic and endemic it was often exceedingly unfavorable. He has seen at least one endemic prevalence of it that

was more fatal than almost any other acute disease he knew.

Anatomical lesions in Dysentery, consisted in congestion, inflammation, and its products of softening, abrasion, ulceration, and gangrene of the mucous membrane of the large intestines.

The causes of the disease were various—as congestion of the liver and obstruction of circulation through it, the effect of cold and moisture, determining the blood internally, accumulations of fæces, or the existence of other irritating secretions or substances in the intestines, the disturbance of the circulation, internal congestion produced by a paroxysm of miasmatic fever, particularly the cold stage; and, as already stated, by the determination of blood to the mucous membrane, in cholera, &c.: but where it prevails as an epidemic or endemic, it appears to depend upon a specific cause involved in as much obscurity as the cause of cholera.—Some have regarded contagion as a cause, but he thought there was no evidence to prove that there was a poison found in the bodies of persons sick with dysentery, which, when applied to other persons, produced the disease in them—and this circumstance was necessary, in his view of the subject, to make it contagious. Such a poison was formed in small pox, measles, and all other diseases known to be contagious, and was the essential fact of contagion.—If this simple view of contagion was universally taken by the profession, as it should be, there would be a clearer understanding of, and less disputation about the matter.

The treatment of dysentery must be varied according to the type of the disease, and the causes which produce it.

Bleeding, in many sporadic cases of dysentery, and in some epidemics—indeed in all cases of a high sthenic type, is often very beneficial, and cannot safely be dispensed with. It should be practiced early, and by arresting the course of the disease, will often prevent that debility which is such a source of apprehension to many practitioners. Local bleeding, as by cups to the abdomen and leeches to the arms, was also useful. Of course, these remedies are not applicable in adynamic cases.

Emetics are recommended, but he would give them only when there was evidence of matters in the stomach causing irritation there, and which would be likely to irritate the inflamed surfaces, in passing over them in seeking an outlet in the natural way.

He gives *cathartics* only when necessary to carry off irritating matters from the bowels. He has seen more of Scybala in the books than in practice. They sometimes exist, but not as frequently as many writers would leave us to suppose.

The mildest cathartics should be used. Castor oil, or emulsions of oil with a moderate quantity of turpentine, or next, the neutral salts.

Diaphoretics are often useful adjuvants to more decided treatment, and ipecac may be given when the stomach is not irritable, throughout the earlier stages of the disease.

Tart. antimony was strongly recommended by Dr. S. Jackson, formerly of Northumberland, now of Philadelphia, Pennsylvania. Dr. J. regards the disease as an inflammation, and uses the Ant. as an antiphlogistic agent. He believes it does not directly reach the seat of the disease, to produce a local irritating effect. Dr. J.'s opinions are regarded as valuable by those who know him, but he (Dr. P.) has not used the remedy in that way.

Opium, Dr. P. regards as an indispensable agent in the correct treatment of dysentery, and uses it from the beginning to the end of the disease—much of the time in connection with other means. But he depends upon it to allay pain, procure rest, cause diaphoresis, and by a direct action which opium is capable of, to subdue the inflammation. He gives from two to four grains sufficiently often to keep up a decided anodyne influence. He has not ventured upon the poisonous doses of from ten to twenty grains, as advised by some in abdominal inflammations.

Mercury is recommended by some writers to be carried to the extent of salivation, to overcome the inflammation. Dr. P. regards the indiscriminate or general use of the article to that extent as a great evil, but in many cases, indeed in a majority of cases, and especially where there is evidence of biliary obstruction, as there very often is, he would commence the treatment with two or three 5-grain doses joined with opium, and after twenty-four or forty-eight hours followed by castor oil, &c. He is very confident, whatever may be the speculations of chemists, or physiologists, that mercury operates most decidedly and beneficially—much more efficiently than alkalies or any other agent in removing engorgement of the liver, and exciting the biliary secretion. It is an ar-

ticle very much abused, doubtless, but which in the present state of our knowledge cannot be entirely dispensed with in this, as in many other diseases, without a loss to suffering humanity. In the later stages of the disease, he had often seen a few 2-grain doses followed by the most decided relief.

Acetate of lead: Dr. P. has not a very favorable opinion of this remedy, in dysentery, when given by the stomach. It often disturbs that organ when given in sufficient doses and for a sufficient length of time to produce much impression upon the disease. It is indicated with opium in hæmorrhage of the small intestines.

He has not used Sulph. Zinc. or copperas in this disease. Nit. of silver may do much good in the latter stages, and particularly if ulcerations exist, and should be given by enema.

Nitric acid. He has not used this much—has seen it given, but has not been favorably impressed with its effects—has seen rapid improvement where it has been discontinued and opiates used.

Oil of turpentine and Bals. of Copaiba. He has a very favorable opinion of turpentine in dysentery, and indeed in many cases of inflammation, where it can be brought in direct contact with the inflamed part, it modifies the condition of the part, and overcomes the inflammation. He has found turpentine very beneficial in sub-acute stages of the disease. His usual formula is

Oil Terebinth. ℥iij.
Tinct. Opii from ℥jss to ℥iij.
Gum Acacia, Sugar } aa. ℥ss.
Aqua Camphora ℥ij. M.

A large teaspoonful once in from two to four hours.

In the ordinary cases of dysentery occurring this season (they have not generally been severe,) not accompanied with an intermitting tendency, the following treatment has with him almost universally been successful.

For the first twenty-four or thirty-six hours, two to four grains of opium once in three hours: to which has been added generally from six to twelve grains of sub-muriate Hydrarg. in from three to six grain doses, in two or three of the first doses of opium. This, followed by a cathartic dose of castor oil, and oil of turpentine, when no diarrhœa had preceded or accompanied the disease-

This followed by the turpentine emulsion, with the addition of as much opium or morphine as was necessary to control the discharges. If much blood was discharged, or if this course was not readily successful, a few enemas of acetate of lead and laudanum would complete the cure.

When an intermitting tendency existed, whether manifested by that character of the dysenteric symptoms, or by distinct febrile paroxysms, Quinine was the great remedy. A scruple to ʒss, combined with a grain or more of morphine, given in four doses, during one intermission or remission, seldom, almost never, failed to remove both the fever and the dysentery. Indeed, quinine often acts well, when scarcely any intermitting tendency can be traced. He thinks quinine one of the few really curative agents. Many other remedies seem to palliate, but quinine, when it is applicable, *cures.*

Nux Vomica. Knows little personally of the effects of this in dysentery. Has seen it used, but not sufficiently to form an opinion from observation of its value.

A diet producing the smallest amount of residuum, and bland mucilaginous drinks should not be neglected.

Topical remedies. Cold water, or water at least several degrees below the temperature of the body, applied externally, and by enema—often useful, on the principle that cold reduces inflammation. It must not be used so cold as to produce a shock, and must be repeated sufficiently often to continue the effect. Where cold does not agree, as it sometimes will not, fomentations and emolient enemas will often afford relief.

Rubefacients and blisters often *very* beneficial in the latter stages.

Enemas are *necessary* in the proper treatment of severe cases of dysentery. These may be emolient, anodyne, astringent, or caustic, as indicated by the condition. There are few medical diseases where remedies can be applied directly to the diseased part. This is one, and the opportunity should not be neglected. Where the bloody discharge is free and exhausting, injections of acetate of lead, and laudanum, in cold water, are indispensable, and enemas of Nit. silver, in the last stages, when ulcerations exist, are attended with the greatest benefit. In some cases, espe-

cially in children, and where they are most needed, in consequence of constant tormina, anodyne enemas, however small the quantity, are not retained, and here suppositories of opii, or where they are rejected, an Oint. of morphine and lard applied about and within the sphincter with the finger, is often of signal service.

ARTICLE III.—*Asiatic Cholera, an extract from a paper read to the Chicago Medical Society, by* E. McARTHUR, M. D.

WE have now related in detail, 34 cases, in 25 different families. In nine families, we have noticed the second attack; in five, we have found the third; and in one, the fourth. We have been unable to trace the disease from either of the 25 families, to any others, with the exception of two. In 24 of the 25 families, we have been unable to trace it to any exposure to cholera patients whatsoever.

In the full conviction that Asiatic Cholera partakes more of an epidemic than of a contagious character, I have selected these cases as evidences, to substantiate, as far as they may, in the minds of others, the truthfulness of these convictions. That there have been cases in this community of Asiatic Cholera which, viewed without a due regard to surrounding influences, and circumstances, might, upon a superficial view, *seem* to show a contagious character, I will not for a moment deny. But when it is remembered that *the whole of this community felt the enervating influence of a latent agent, affecting the entire physical and mental man*, it would seem almost superfluous to assign as a direct cause of attack, a contagious influence. It is well known to the medical profession in general, in this part of the country, that this *latent influence was universal* during the time that cholera prevailed, and if an individual could be found here and there, who did not feel its influence, this would but serve to show the correctness of the general proposition.

This may not be so well understood where this fell disease has not prevailed. But in this community, or any other where cholera has extensively prevailed, it is but too well understood.

Some suppose that because many cases of this disease have ultimately become developed after having been exposed to patients

having it, that *therefore* it is contagious. We might with the same propriety suppose that in malarious districts, when intermittent fevers prevail, and one patient after another is prostrated by it, after having been exposed to patients sick with fever, that consequently intermittent fever is contagious.

But who supposes that the whole class of malarious diseases is contagious.?

And yet it is well known that where individuals living in these miasmatic districts expose themselves either to the sudden changes of atmospheric influences, or by excessive labor and watchings debilitate themselves, they are more likely to suffer from attacks of fever than those who are cautious, temperate, and careful in their daily living and deportment.

And it is equally *as well* known that individuals living in districts where cholera prevails, who are calm, quiet, judicious in their living, temperate, and in good health, it matters not whether they are nursing and taking care of cholera patients, or attending to ordinary occupations; they generally escape the disease. On the other hand, those who are excited, intemperate, injudicious in their living and habits, debilitated and alarmed, are very likely to be taken with it, and especially if they come in contact with the disease.

And here the question very naturally arises, whether it is communicated to them by the principle of contagion, or whether the increased debility, and intemperance, the anxiety and alarm, does not serve as an *exciting cause* to develop that which is already *within them*, in a latent state.

Thus it does appear that the epidemic influence operates upon the community in a *secret* and *invisible* manner, as a predisposing cause, and only wants some or all of the causes above detailed, to *develop* and bring it into action.

If this important question can be settled in the minds of the profession, and, through the profession, the common people become instructed in relation to the weight of the testimony bearing upon this point, a very great influence will, in this manner, be brought to bear upon the public mind, and as a consequence, this scourge of humanity will be divested of a large share of its terror. Who does not know the consequences resulting from the alarm and agi-

tation that has resulted in many places where cholera has appeared?

The public mind has been a *perfect foment* in some places, and the consequence has been that the latent influence has been in *his way* developed to a fearful and alarming extent.

But how many have fallen victims to this man destroyer, who have never been exposed in any other way, than by the portion of atmospheric air inhaled into the lungs, and the terror and alarm that have continually preyed upon their minds?

Let the impression be generally entertained that this disease is strictly epidemic, or principally so, and the consequences will be that the sick will have better attention paid to them, and the living will have less alarm, and at the same time the bills of mortality will be greatly diminished.

We will make a few extracts from authors and writers of acknowledged celebrity and distinguished attainments, and close this already too lengthy article. Watson's Practice, page 808, in an enclosed paragraph. Dr. Condie remarks: "During the prevalence of the cholera in Philadelphia, in 1832, we closely investigated every fact calculated to throw light upon the question of its contagious or non-contagious character; and for this investigation our position in the Board of Health, and as chief in a large hospital, afforded us ample opportunities; but we were unable to discover the slightest evidence of the disease having been, in any one instance, communicated from the sick to the well."

Wood's Practice, volume I, page 654. "The hypothesis that cholera is propagated by contagion, has not been without numerous advocates. In favor of this, the facts have been adduced, 1. That it traveled along the lines of commercial intercourse, as in the course of large streams, in the tracks of caravans, and from port to port, across seas or oceans. 2. That its rate of advance never exceeded the possible rapidity of human progression. 3. That its occurrence often succeeded the arrival of an infected ship, caravan, or corps of marching soldiers. 4. That its attack was not general in the beginning, but, whether a city or particular family, one or a few were seized at first, and then others successively, as if the cause had passed from individual to individual. But it will be perceived that these were not proofs of contagion, but only evidences,

so far as they went, of the possibility, or at best, of the probability of its existence; and it is not difficult to explain them without recourse to such a hypothesis. Thus, if the disease preferred the course of streams, it might have been in consequence of the known affinity of its cause for low, damp, and marshy situations; if it was observed especially along the routes of inland trade, this might have been owing to the circumstance that the largest and most conspicuous towns, which it was apt to select, are upon these routes, while remote spots which it also visited, are less open to observation; if it passed from an infected port to other transmarine ports, between which there was commercial intercourse, the fact could scarcely have been otherwise if it traveled at all, so intimately are all parts of the world associated in the meshes of a universal traffic; if its arrival was often preceded by that of a ship, or that of travelers from an infected place, this might well have been the result of accident, and very often no such connection could be traced, while intercourse of the kind was constantly carried on, without the consequence of the disease; and finally, if it sometimes attacked one person after another, instead of all simultaneously, this is nothing more than often occurs in the operation of morbid causes, confessedly non-contagious, and was not always true of cholera, which occasionally prostrated multitudes at one blow."

Eberle's Practice, volume II, page 55. "Where the evidence of contagion is so slight, therefore, that the most careful and judicious are led to entertain strong doubts of its existence, it is manifestly the duty of those whose station gives them an influence over public opinion, to discourage the belief in the prevalence of contagion. If the authority of those who have witnessed epidemic cholera, is to be taken as an evidence on this point, the foundation for the opinion of its contagious character, is but very slight. It is stated that in India, ninety-nine out of one hundred physicians, believe that cholera is *not* contagious; and in every country and district that has been invaded by this disease, a great majority of the most experienced and enlightened of the profession, entertain the same conviction."

Professor C. B. Coventry, on epidemic cholera, pages 38 and 39. "When we remember the panic which prevailed in 1832, the

vexation caused, and the money expended in useless quarantines; the hurried and barbarous interment of the dead, scarce waiting till the breath had left the body, the worse than brutal desertion and neglect of friends and relations, all growing out of a belief in the contagious nature of the disease; we rejoiced in the belief that whatever of suffering a superintending Providence might see fit to inflict, we should not again thus aggravate them by our own acts.

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If there was any one fact connected with the disease, which was immutably settled, as we supposed, it was its non-contagious character. If the decisive and explicit testimony of Annesly, who, for five years, had charge of a hospital where cholera patients were mingled indiscriminately with those from other diseases, and who tells us that not more than six or seven cases originated in the hospital during that time; the no less emphatic testimony of Dr. Searl, who had the disease in India, and who informed us that when in charge of the hospital at Warsaw, but two cases originated in the hospital, and that he himself slept in the bed in which a gentleman had died of the disease, the preceding night, without his contracting it.

If the testimony of Annesly and others, in India, that "when the disease attacked a corps in the army, it was the soonest got rid of by separating them into small detachments, * * * * * we repeat, if these facts, together with the experience of the profession from Calcutta to Moscow, and from Moscow to Quebec, and from Quebec to New Orleans, is not sufficient to settle the question of contagion, we are at a loss to see how it is ever to be settled."

Page 40. "The Health Commissioners in England are decidedly opposed to the doctrine of its promulgation by contagion." The Committee of the Royal College of Physicians, London, say: "Cholera appears to have been very rarely communicated by personal contact, and all attempts to stay its progress by cordons or quarantines, have failed." * * * *

Dr. Searl says: "Upon the question whether cholera is infectious or not, I can speak decidedly that it is not so! This is no vague opinion, hastily arrived at, but the deliberate result of grave consideration, and lengthened observation. * * *

I shall briefly adduce a few facts corroborative of the opinion expressed. First observing that, when in Poland, the principal cholera hospital of Warsaw, of which I was in charge, was on the skirts of the city, and the rendezvous of all the incurables within it, the professionals of the city sending me all their hopeless cases, and I had from thirty to sixty cases constantly under treatment, of which number half a dozen or more were buried daily.

"Well, then, of thirty or more attendants, during the three months that I was in charge, we had among this number only two cases of the disease; and the cause of the attack in both cases was most satisfactorily to be explained." And again, on page 43 and onward, Dr. Searl continues: "There is another fact, which alone, in my opinion, is sufficient to decide the question, namely; that contagious diseases are, one and all of them, characterized by the fact that the poison, or infectious matter of the disease, is concocted or developed in the system under circumstances of quickened circulation of the blood and depraved secretions—under the conditions, in short, of fever; whereas the condition of the system in cholera, and characteristic features of the disease, are precisely of the opposite character—inertia, general prostration, cold, defective excitement."

Dr. Milroy, as quoted by Professor Coventry, says, page 47: "As surely has cholera always sought out, and settled down upon the abodes of misery and filth, in every city of Europe, that has been visited by it, as the vulture-crows in the East, ever congregate where there is the most offal and garbage to be found."

Professor Spencer, on Asiatic Cholera, page 77, says: "If we regard the universal diarrhœa as a part of the epidemic, this should be equally contagious as at the more advanced periods.—Now, the prevalent diarrhœa simultaneously attacked the inhabitants at immense distances from each other, and almost the entire population of whole towns and villages were affected with this mild form of the disease.

Contagious complaints generally attack in small scouting parties, while epidemics, like immense armies, spread simultaneously over immense tracts of country.

Again, on page 78: "Contagious diseases rarely recur, while this epidemic would often return on the slightest application of

the ordinary exciting causes. This disease could generally be cut short when attacked with appropriate remedies; entirely differing, in this respect, from contagious complaints, which proceed under any treatment. Contagious diseases do not require the influence of exciting causes, to develop them. The severe form of this disease rarely, if ever, attacked any one without some obvious exciting cause.

Professor Spencer says, page 80: "It may likewise be remarked, that those who went among the diseased were no more subject to the attacks than those who entirely avoided exposure. Indeed, several cases occurred under my own observation, among those who sedulously avoided their sick neighbors; becoming the ready victims of the disease, while not a single instance of death occurred among those who fearlessly and faithfully performed their duty.—Watchers lay down, and even slept on the same bed with the sick, without contracting the disease. * * * Physicians and nurses have been no more subject to attack than others. * * * * During, for instance, the English campaigns in India, two regiments being for a time stationed at different places, would be brought together, and daily and unceasingly intermingle, and yet the soldiers of one regiment would almost all have the disease, while those of the other would almost escape." *

(*To be continued.*)

* Bombay Report.

SELECTIONS.

From the American Journal of the Medical Sciences.

On the efficacy of Belladonna, as a Remedy in Pertussis, by HIRAM CORSON, M. D., of Corson Co., Pa.

I HAD been engaged in practice six years, when the essay of Dr. Jackson, of Northumberland, "On the Efficacy of Belladonna in Whooping-cough," was published in the *American Journal of the Medical Sciences*, (August No., 1834.) My experience in pertussis had satisfied me that all the remedies in common use—those recommended by writers upon the diseases of children—were almost useless. Children affected in the Winter, continued to cough, and strangle, and suffer, for many weeks, with scarcely a perceptible amendment; and even when convalescence did commence, a long time elapsed before complete recovery. It was painful to visit, and mortifying to prescribe for, those afflicted with this malady; and so apparent was our inefficiency, that many families did not seek the aid of a physician at all; and, if urged by their friends or neighbors to do so, justified themselves by saying that "every body knows the doctors can do nothing for whooping-cough, it will have its time." I had arrived at nearly the same conclusion previous to the publication of Dr. Jackson referred to.

In the winter of 1844-5, whooping-cough prevailed in the region above Norristown. It had not visited that neighborhood for many years previously, so that nearly all the children at the schools were liable to the disease; and, with few exceptions, they became affected, so that the schools were nearly broken up. My brother had four little boys severely affected, and, as I was desirous to try Dr. Jackson's remedy, I read his essay to my brother, and urged the use of the belladonna. They were strong, healthy little boys, and had the disease severely. I do not now recollect the dose that we used, but they were put fairly under the influence of the medicine, every day, by repeating the dose every three hours. In one week they were all well, and returned to school, while the children of many of the neighbors suffered with the cough for several weeks afterward.

These cases occurred a few miles beyond the limits of my practice, and I saw no more of the disease until it occurred in our own region in the following year.

January 14, 1836, Mr. S. called upon me to visit his son, two years old. He said the child had been laboring under whooping-cough for several weeks, and he did not think it could live more than a few days, for it was coughing up *matter*, but he thought he

had better come for me, lest the people should make a fuss about his not getting a doctor. I told him of the new remedy; he agreed to its use; we gave it for one week, when the child was perfectly cured of the cough, though he remained weak for a short time.

A brother-in-law of Mr. S., who resided many miles distant, came to me for some of the medicine for his child, who, he said, "had the whooping-cough so badly that they thought it would strangle to death every night."

From the little experience that I had had with the remedy, it seemed to me that the dose recommended by Dr. Jackson, viz., one grain to a child two years old, was too large. I therefore concluded to begin with children under one year, with the sixteenth or eighth of a grain, every two hours, and to increase a little every day, until the proper dose was reached. With this view, I put eight grains of extract of belladonna into one ounce of water. Nine drops of this solution contained just an eighth of a grain of the extract. Of this I directed him to give his child nine drops every two hours, until the pupils were dilated, face flushed, mouth dry, and vision confused. If these effects were not produced the first day, then to increase the dose three drops daily. I was informed that the child was entirely cured in a week.

From this time it was used in all cases that presented, and in every instance in which it was properly administered, the cure was speedy.

In 1840, the disease prevailed over my district, and I used the belladonna in hundreds of cases, with great relief in nearly all.

There were some cases, however, in which I saw no good produced; in these, the medicine did not seem to produce any effect. It is probable that the fears of the parents did not allow them to use the remedy properly. The parents were always informed of the nature of the medicine, its mode of action, and the change effected upon the pupil of the eye. Some became much alarmed, and strange stories were circulated, that I used a "medicine that was a poison, and swelled the eyes." But the relief obtained by those who used it was so great, the cures so rapid, and the medicine so pleasant to take, that one after another came to try it, until it became the only thing that was thought worth using.

I was not alone, at this time, in its use. Dr. George Thomas, and Dr. Wm. Corson, of Norristown, also prescribed it.

In order that the fears of our patients should be allayed, we always desired that the first few doses should be so small as to produce no marked effect, and thus, the child not getting so quickly under its influence, the cure was somewhat retarded, but generally occurred within two weeks; when, judging from cases which afterwards occurred, I doubt not they might have been produced in less than one week.

I will mention a few cases which were quite remarkable, and certainly should aid us in forming a judgment of the nature of this disease. I take the following cases from my note-book :—

A girl, six years old, has had the cough three weeks; paroxysms recur, the parents think, about forty times in twenty-four hours, and are very violent. Ordered one-fourth of a grain of the extract of belladonna every two hours, until the characteristic symptoms are produced. In about fifteen minutes, the face was much flushed, there was ringing in the ears, and croupy sound in breathing — After those symptoms passed off, a like dose was given; the same symptoms, but milder in degree; medicine repeated whenever the influence had nearly passed off. On the fifth day there was not a trace of the disease left. This child had always been liable to croup, and had suffered some violent attacks.

Another child of the same family, a little boy, two years old, had been left until the disease had continued two weeks, and had acquired the real whoop. He had to be caught up many times through the night, for fear he would suffocate. Began by directing for him one sixth of a grain every two hours. In a few minutes after the first dose was taken, his face became much flushed, pupils dilated, and symptoms of croup followed of such severity that I was sent for in much haste. It was 9 A. M. The case seemed just like one of spasmodic croup. I administered hive syrup, vomited him freely, with much relief, and before the next morning the croupy sound had disappeared; there were but five coughing spells through the night. Next morning another dose was given; the croupy symptoms were produced, but not so severely. The flush of face, enlargement of pupils, and croupy sound, passed off before bed-time, and there was no cough worthy of notice through the night. A third dose was given, and from this time, no one could have told that the child had ever had whooping-cough.

Those cases occurred in June, 1840, and never before had I seen such prompt effects from the medicine.

In August of the same year, called to C. W.'s son, aged nine months. Has had the disease two weeks. His mother thinks he coughs every fifteen minutes, night and day. Ordered nine drops of the solution every three hours; increase three drops daily. In one week the cough had diminished to about four or six times in twenty-four; from being sick, restless, and moaning, it is now well and lively.

J. W.'s child, aged one year, coughs badly, the mother says, "from noon until next morning; takes no suck, and notices nothing scarcely." This child took the medicine, but had so much difficulty in respiration, from the secretion into the bronchial tubes, that we gave ipecacuanha every day to clear the passages. In three weeks, it was perfectly well.

August 21. A boy, aged two and a half years. The mother

told me an older child had taken the disease in April, that it was still coughing much, and its health was much broken; that she had been so worried with it during so long a time, being much disturbed at night, that she thought if this one was to go through a similar course, she could not stand it. And added, "that *this* child, who has now had it six weeks, is *worse* than the other ever was." At 10 A. M., I directed nine drops, ($\frac{1}{8}$ gr.,); in a few minutes, the face flushed, the child seemed much excited, and, after a short time, fell into a profound sleep, which somewhat alarmed the mother. He continued to sleep with little interruption, until next morning; but during all this time, to our utter astonishment, he never once coughed. Next day we gave him seven drops; effects not so severe. Third day gave six drops; from this time he was perfectly well.

Sept. 1. G. R.'s child, aged *two months*. The mother says: "Has had the disease badly three weeks, coughing and strangling by night and day; it can't live without some help soon, and I am determined to try the medicine." Began with one drop every 3 hours; increased one drop every day, until it took five at a dose. By this time it was almost well. Had no more trouble with it.

Sept. I. J. A.'s child, aged four months, very bad with cough. Gave four drops every three hours; increase one drop every day, if necessary. In four days, comparatively well.

Oct. 4. J. T.'s child, aged three months, female, coughs and whoops badly. Ordered five drops every three hours; first dose given while I was present. I immediately left for home. In about fifteen minutes after I reached it, a messenger arrived in great haste, and said the child had fits. I returned, and found it partially recovered from what they described as "a fit, or strange spell; it seemed so wild, and looked so queer, and appeared as though it could not get its breath good." It slept well that afternoon and night. Gave the medicine for a few days, in less doses; and in less than a week there was not a vestige of the disease left.

Oct. 15, 1840, the following note was made: I am now giving the belladonna to children all through this region, and in no case has it failed to cure, in from three days to three weeks. The cures seem perfect. The disease has occurred this season in families, the older children of which had been cured by the belladonna, four years ago. In no instance has one of those taken the disease a second time.

Persons living out of my range of practice, have often applied to me to come and see their children. My rule was to offer them a portion of the extract, with a letter to their physician, directing him how to use it. This they sometimes declined; and then I gave them the solution, with directions for its use. A young man came to me, and stated that his sister's children had the whooping-cough so badly that one of them, three years old, was entirely

confined to bed; and the other, of five years, was hardly able to be about. He wished me to give him medicine for the former; for the latter, they were trying a remedy from Philadelphia. In 3 days, he returned and wanted medicine for the latter, saying that the former was nearly well. Four days after, he came again, to get some for a neighbor; and said he considered his sister's children well. I never saw them. Every person was told what the medicine was, and how to use it.

In the Summer of 1847, I was called to see a little boy, four years old, and his sister of two years. I cannot truly describe the condition of those little sufferers. Their faces, bodies, and limbs were bloated; they were sallow and bloodless-looking; frequent pulse after fits of coughing, with hurried respiration, mucous rhonchus, and excessive general distress and debility. The cough was frequent, prolonged, and exhausting; and in one of them, was accompanied by discharges from the rectum, during every paroxysm. A younger child, of nearly a year old, lay dead in the house, from the same disease; although a most eminent physician, aided by the best means that wealth could command, had been in constant attendance. Nothing had done any good for any of these three children. The belladonna and carb. ferri were given to the two to whom I was called, and in ten days they were well. The result was truly astonishing.

A man came from Chester County to get some medicine for whooping-cough. I gave him some to take to his physician, wrote my directions for using it, and referred him to Dr. Jackson's communication, in the *Medical Journal*. In a few months I met the same man, and asked him how his child was; he said that he did not know that the medicine did any good; the child was a long time getting well; that the doctor had called at his house recently, and told them that he had killed three children with it, and had ceased to prescribe it. I asked: Is he intemperate? He replied in the affirmative. A few months afterward, he died of delirium tremens.

In November, 1850, the disease again appeared in this region, and I used the belladonna freely, with good effect. I will briefly mention a few cases.

Three children, of three, five, and seven years of age, coughing badly; began the youngest with nine drops, the others more; increased rapidly until perceptibly affected. Well in ten days.

Nov. 19. M. R.'s son, three years old, has taken the medicine for one week. Mother thinks him nearly well. 25th. Is quite well. A younger child afterwards took the medicine.

Three children, eldest five years old, youngest four months, took the medicine so as to be under its influence daily; well in one week. Scores of such cases might be offered, but it is unnecessary.

I will mention one of a different character.

S. S.'s child, boy, five years old, coughs badly, strangles much.

Nov. 13, began with ten drops every three hours. 17th. Takes thirty-five drops every three hours; no relief. Ordered it every two hours, and increased freely. 21st. Takes ninety drops every two hours; produces none of the characteristic effects of belladonna. I continued this medicine, in teaspoonful doses, for several days longer; but with little apparent effect upon the cough.

I cannot believe that the parents deceived me in their account of the case. The other children were also taking it, and with relief; while this one suffered so much as to be the greatest cause of anxiety to them. Nor was there any other disease. It was a pure whooping-cough. It is true that I prescribed it in very many cases, in which it did but little good; but that arose from the inefficiency of the administration.

Jan. 15, 1851. I prescribed the belladonna for four children in one family. The youngest was nearly two years old, and suffering somewhat from the irritation of teething. It took one dose of nine drops the first day; another dose next day; and about ten o'clock on the third day, got a severe fit. I was sent for in much haste. When I came, the mother said, "Doctor, you have killed my child with that stuff. I'll never give another drop of it to any of my children." As I knew the family well, I reminded her that others of them had had fits while teething. She said that not one of them, seven in number, had escaped having fits while teething. The child soon recovered from it, and yet the mother continues to say that she does not know that it was the medicine that produced the fit, but she would never give it. There was not the least evidence of the child being affected by the belladonna.

I mention this case to show how it is that there is a fear kept alive among the people, in relation to this medicine. Such cases are noised abroad. If any thing at all should happen to a child which is taking belladonna, it is charged to the medicine; hence physicians are reluctant to assume the responsibility of giving it, when they can pursue the old plan, which is without risk.

During the last seventeen years, I have given the extract of belladonna to hundreds of patients, from two months to fifty years of age, and am firmly convinced that it has a greater control over whooping-cough than any other remedy in common use. That, while in a few cases the system did not seem susceptible to its action, in the doses I have prescribed, yet, in nearly all, the disease yielded quickly. It is a safe and efficient remedy for pertussis, in children of any age. It is very remarkable that, after the publications made by Dr. Jackson, in the *Medical Journal*, we should have book after book upon the diseases of children, and the whole host of old and useless remedies for whooping-cough carefully noted, without a word in favor of belladonna.

From Nelson's Northern Lancet.

Persesqui-Nitrate of Iron, in Chronic Diarrhœa, by HENRY A. RAMSAY, M. D.

DR. NELSON.

Dear Doctor:—The above preparation has never received the attention from southern physicians, in the management of those chronic affections of the bowels so frequently encountered in this section of the Union, which its virtues entitle it to. The old and unphilosophical practice of administering the *immortal* Blue Pill in all intestinal diseases incident to this climate, still remains much in vogue. Practitioners of enlarged experience, and of fine reputation, continue to entertain the idea that the ***Liver*** is at fault in all these cases, and that the mercurial treatment is the *magnum remedium* for their relief. For our own part, we are not pent up in such bounds, we harbor not such restricted ideas; and we have not, for some years, believed the Liver amenable for half the morbid crimes alleged against it; and we hope to live to see the period when this Liver infatuation will become modified among southern medical men.

It was, we believe, a German physician who first directed the attention of the profession to the virtues of the Persesqui-nitrate of Iron, in chronic diarrhœal discharges, consequent upon a perverted condition of the mucous membrane of the intestinal canal, which in southern parlance would be construed into a vitiated biliary secretion. We are not so dogmatical or exclusive, as to suppose that the liver is never in error in such affections; but, on the contrary, we believe this organ to be in a morbid state in many forms of diarrhœa here, though not in every case. We see, in southern latitudes, chronic affections of the bowels dependent upon a perverted biliary secretion; upon excessive stimulation of the stomach and its appendages; or produced by erroneous dietetic regulations, by the abuse of the mercurial practice, and by an improper indulgence in fruits; while in other cases, no appreciable causes can be traced. There is generally, in this affection; a tenderness of the bowels; the tongue is red; the pulse quick; tenderness of the epigastrium; a pale, and emaciated appearance; the bowels are loose, and the evacuations liquid. The majority of these cases are of long standing, and have been dosed *usque ad nauseam*, until the sensibility of the nervous distributions to the stomach and intestines have become inert, and almost unsusceptible to the action of remedial agents. It is in such cases that the Persesqui-nitrate of Iron displays its powerful curative properties. But it is by no means inapplicable to cases less sensitive, or of more recent date. We have employed no remedy from which we have derived so good an effect, as a general prescription, in chronic

diarrhœal discharges of the South, and we can confidently recommend this preparation of Iron, as a safe and efficient medicine.—In those pale-looking patients, with red tongues, and a constant looseness—which eminently portrays an impoverished condition of the sanguiferous system, it will act like a charm, restoring the wonted tone of the stomach, and retrieving the impaired functions of the liver and intestinal tube.

We remember a case in point that occurred in our practice last Spring, in the person of one of our most worthy and respectable citizens. He had suffered for eighteen months, prior to our seeing him, with chronic diarrhœa; he was anæmic, his frame was rapidly sinking under the effect of numerous daily discharges; his features were contracted; his muscular system wasted; his temper irritable; the tongue red; the pulse quick and feeble; in a word, in point of health he was "doing a sinking business." The infallible Blue Pill had had a fair and faithful trial, and though of no avail, was still continued. Many distinguished men in various parts of the State had been consulted, and the prescription was only reiterated or conjoined with Nitric Acid, or the Nitro-muriatic acid bath.—When we visited this patient he was despondent, but we insisted upon a trial of the remedy, which was acceded to. He was ordered ten drops, three times a day, for ten days, the quantity then to be increased to twelve. The first ten days brought a decided improvement, and a diminution of the evacuations; the second ten only magnified the apparent benefit; and while we are writing, the patient is attending to the agricultural pursuits of the season, which he has not done for eighteen months. He is, indeed, a monument to the power and influence of Persesqui-nitrate of Iron, in chronic diarrhœa, with perverted nervous sensibilities. To be of permanent benefit, the remedy should be persisted in for some time. It is a safe and excellent agent in cases such as we have described; and we trust that other members of the profession will record the results of their experience with it. We prescribe ten drops of the solution of the Persesqui-nitrate of Iron, in a tablespoonful of water. This is given three times a-day to adults, and the quantity gradually increased to fifteen or eighteen drops. If this should happen to meet the eye of any medical reader, having in his care a hopeless case of chronic diarrhœa, let him try this preparation. We do not pretend to say that it will prove a specific in every instance; but that it will act beneficially in a large number of cases that have proved rebellious in other plans of treatment, we entertain not the least doubt. It does not occasion nausea, or any other unpleasant symptoms. Should the liver be perverted, it will exert a healthy influence over it. If the blood is impoverished, it adds to its solid particles, increases the appetite, and improves the digestive function. We administer it independent of cathartics, relying upon it singly, for we could never see the utility of repeat-

edly purging a patient, to cure him of a disease, the characteristic symptom of which is purging.

Very respectfully and truly yours,

HENRY A. RAMSAY, M. D.

Thompson, Georgia, September, 1852.

From the American Journal of the Medical Sciences.

Remedy for Intussusception of the Bowels, by A. S. BALDWIN, of Jacksonville, Florida. (Extract from a Letter to the Editor.)

HAVING recently seen, in the medical periodicals, several reports of *post-mortem* examinations, in cases of intussusception of the bowels, I am induced to send you an account of a rather simple, but what appeared to me a very effectual remedy for this complaint, in a case which came under my care about four years ago, when I had despaired of affording relief by the ordinary remedies. If it shall seem to you to have sufficient merit, it may, perhaps, by giving it publicity in your Journal, induce other members of the profession to give it a trial. During the last fifteen years, several cases of this complaint have come under my observation, most of which terminated fatally. The various remedies recommended were applied; among them the long elastic tube, for the purpose of throwing fluids high up into the bowels, with the hope of distending them so that the vaginated folds of the intestine might be drawn out. In some instances, at least, its use appeared to be productive of mischief, from passing through the constricted part of the intestines, so that the fluid injected was lodged in the pouch or sack existing above the point of obstruction; to ineffectually increase the distension already existing there; for, when the tube was withdrawn, no fluid was returned, and the distension was increased, without having the effect of removing the difficulty.—Injections administered by the common syringe were returned immediately, even while giving them, and had no effect to distend the lower bowel so as to aid in overcoming the obstruction, and the conclusion arrived at was, that adhesion existed between the folds of the invaginated parts of the bowel, and the obstruction was irremediable.

Circumstances which have occurred to me, dispose me to think that these adhesions do not take place so early, or so frequently, as many are disposed to believe. About three years ago, a case of this kind occurred in my practice, and for several days, all the appliances which had been recommended, had been used to overcome the obstruction, but without avail. There was a circumscribed spot, to the left of the umbilicus, and a little below it, which was painful; there was considerable distension of the abdomen, with a sensation of soreness across, but which did not amount to pain,

(being what is called in this country "*misery.*") Twice in this case, the long tube was used, and injections thrown high up into the bowels, which, however, did not return upon the withdrawal of the tube, but added to the swelling previously existing above the point of obstruction. I was apprehensive that adhesion had by this time taken place, and as I despaired of relief by the ordinary methods, and the patient had arranged his temporal affairs, and given himself up to die, I determined to distend the lower bowels, to their utmost capacity, by the injection of warm water.

An ivory tube, having a shield around it, was introduced and passed up until the shield was pressed against the sphincter ani, a cloth was wrapped around this, and pressed up firmly; the tube was now connected by an elastic tube, with the pump, which was placed in a wash-basin of warm water, which was slowly injected into the bowels, pressure being kept up to prevent its return.—Another basin of water was brought, half of which was thrown up. The abdomen was, of course, much distended by this quantity of fluid, and considerable rumbling and commotion of the bowels were produced, the pain at the point of obstruction was, for a moment, acute, causing the patient to cry out. The pressure and the tube were removed, and we found he had the power to retain the injection until he could be helped to the chair, when about five quarts of the injection were passed; becoming faint, he was laid upon the bed, and brandy and water administered; he soon rallied, and passed as much more, colored by fæcal matter; soon after, a copious and regular, but very offensive stool was had, in which the oil, taken several days before, could be distinguished. After this, he had no further difficulty, except debility, and a sensation of soreness at the point of obstruction, which lasted for a few days, when he returned to his work, that of a carriage-maker, and up to the present time has had no return of the complaint. Since that time, I have not had so severe a case of this complaint, but in every case which shows a disposition to be obstinate, I resort to this mode of injection, with uniform and immediate success.—Perhaps some of these would have been as obstinate as the one above detailed, if the former mode of treatment had been pursued: but I am fully impressed with the belief that, had this remedy been used in those cases which had proved fatal, some of them, at least, might have been saved. The case in which I first tried it, was an unpromising one, on account of the long time which had elapsed since the attack, before the remedy was used; sufficient for adhesive inflammation to have agglutinated together the folds of the intestine involved in the intussusception.

Jacksonville, Ky., June 3, 1852.

From L'Union Medicale.

Blood Changes, in Disease.

A recent elaborate memoir on diseases of the blood, presented to the Academy of Sciences by MM. Becquerel and Rodier, winds up with the following conclusions :—

1. In most chronic diseases, or in consequence of various hygienic influences, the three principal elements of the blood,—viz., the red particles, the fibrine, and the albumen, may diminish or augment in quantity, separately or conjointly.

2. The red particles diminish in most prolonged chronic diseases, especially in organic diseases of the heart, in Bright's disease, chlorosis, cachexia, hæmorrhages, the last period of tuberculosis, the cancerous diathesis: the globules diminish also, when the individual has been insufficiently nourished, or has been exposed to bad hygienic conditions, such as insufficiency of air, want of light, or to humidity.

3. The albumen diminishes in the last stage of heart diseases, great symptomatic anæmia, cancerous diathesis, and when the nourishment is insufficient.

4. The fibrine remains normal, or is sometimes augmented in acute scurvy. In chronic scurvy, and in the symptomatic scorbutic state which attends some chronic maladies, especially in organic diseases of the heart, it diminishes.

5. In all the above cited cases, the water of the blood increases in amount.

6. The diminution of globules is shown especially by decoloration of the skin, palpitations, dyspnœa, systolic murmur at the base of the heart, arterial and venous murmurs.

7. The diminution of albumen produces dropsy; speaking generally, dropsy is the symptom of diminution of albumen.

8. The diminution of fibrine shows itself by cutaneous and mucous hæmorrhages.

9. In the symptomatic anæmia of great hæmorrhages, of bad nourishment, and of too great catamenial flow, the specific gravity of the blood diminishes, the water augments, the blood globules diminish, the albumen remains normal or slightly diminishes; the fibrine remains the same.

10. In chlorosis, which is an entirely different disease from anæmia, the blood may be completely normal. When any changes occur, they are in the augmentation of the water, the diminution of the red particles, and the conservation of its normal figure, or the augmentation of the fibrin.

11. In acute Bright's disease, the fibrin remains the same, the albumen diminishes; in chronic Bright's disease, the globules and albumen diminish; the fibrine remains normal or diminishes.

12. Most dropsies, called essential, are due to a diminution of the albumen.

13. In heart disease, the blood deteriorates more and more, as the disease advances. The changes consist in simultaneous diminution of the red globules, albumen, and fibrine.

14. In acute scurvy, the blood is not altered; in chronic scurvy, the fibrine is diminished, and the globules augmented.

15. Quinine and generous diet is the best treatment for diminution of the albumen; vegetable acids and good diet for diminution of the fibrine; iron for the diminution of the red particles.

From the Bulletin de l' Acad. Rev. Med.

On the Influence of Pregnancy and the Puerperal State on the Progress of Phthisis, by M. M. GRISOLLE and DUBREUILH.

M. GRISOLLE, in reporting to the Academy of Medicine upon a memoir presented by M. Dubreuilh, observes, that the views he formerly expressed have only obtained additional confirmation. In none of the thirteen cases related by M. Dubreuilh, or in the thirty-five now collected by M. Grisolle, has the power formerly vaguely attributed to pregnancy, of staying the progress of phthisis, been observed. In some cases, indeed, it seems to have played the part of determining cause, and in others to have aggravated the condition. According to M. Grisolle's observation, cases in which the first symptoms of phthisis are developed at an early period of pregnancy, and amidst a state of health otherwise satisfactory, are more common than those in which the pregnancy is consecutive to the early appearance of the organic disease. Both observers are, indeed, of opinion that phthisical women conceive with difficulty; and M. Delafond assured the reporter that cows, even at an early period of the disease, usually remained sterile, even though they continued fully alive to the attractions of the bull. He added, also, that in such as did conceive, abortion was common about the fifth or sixth month; while in such as went their full time, the progress of the disease was nowise modified. In M. Grisolle's former papers, he stated that pregnancy, in his cases, so far from retarding, hastened the progress of phthisis; and although the rate was found to be somewhat slow in M. Dubreuilh's cases, this probably occurred from their having arisen in private practice, while M. Grisolle's were all hospital patients. Both sets of cases, however, amply disprove the suspending power of pregnancy; and M. P. Dubois' experience has long since led him to a similar conclusion. Phthisis which has appeared at an early period of pregnancy, pursues a constantly onward course; and if improvement is to take place at all, it never does so until after delivery. It is

rare for phthisis thus complicated to present those intermissions or sudden suspensions of progress sometimes met with in ordinary phthisis. The children brought forth by phthisical mothers, though usually small, are plump and well-looking to an extent that would not, *a priori*, be expected from persons suffering from so exhausting a disease.

M. Dubreuilh expresses a theoretical opinion in favor of the prevalent belief that the progress of phthisis is hastened by *delivery*, but his facts are against him; and so complete is the suspension of the disease sometimes, that delusive hopes of cure are entertained.

In regard to the influence of *phthisis on pregnancy*, both observers are agreed that such patients *ordinarily* go their full time; which must be regarded as a remarkable fact, when it is considered that more than one half of the pregnant women who are attacked by pneumonia, abort. Both also find that these women have very easy labors—a fact due to the smaller size of the child, and the relaxed state of the tissues. Both, too, consider that the attempt to suckle exerts the most disastrous influence on both mother and child.

From the Stethoscope.

Alcohol as a Remedy for the Poison of the Rattlesnake, by HARVEY LINDSLY, M. D., of Washington, D. C.

I HAVE recently seen a paragraph in several newspapers, giving an account of two or three boys who were bitten by a venomous snake, and were relieved by drinking freely of brandy or whisky. This reminded me of a similar striking case, which came under my own observation, in this city, about two years since, which I have hitherto neglected to bring to the notice of the profession. It involves a question, however, of such great practical importance, that it seems to be the duty of every physician to make public all facts of which he may be cognizant, that have any bearing on the subject.

If alcohol really be a remedy, as these cases seem to prove, for the poison of the rattlesnake and other venomous snakes, (and possibly of all poisonous reptiles,) its general adoption in practice would be the means of saving annually, a great many valuable lives. It is a remedy always at hand, and one which the most ignorant can readily administer. A short time since, a physician in New York, of high standing, though attended by medical men of eminence, lost his life from the bite of a rattlesnake.

In the Autumn of 1850, a carriage drove up to my door about eight o'clock in the evening, containing four or five men, one of

whom requested me to come out and see a patient they had brought for me to examine. I found him fast asleep, and, as they informed me, in a state of stupid intoxication. They said that about an hour and a half or two hours before, this man was exhibiting to his fellow soldiers, at the United States arsenal in this city, a rattlesnake which he had brought with him from Florida, when the animal suddenly thrust his head out from the box in which he was kept, and bit the man in the hand. The occurrence immediately gave rise to great confusion and alarm; and the surgeon living some two and a half miles from the post, they were at a loss to know what to do. It was soon decided, however, that they should go to the nearest grocery, and try the effects of alcohol. They accordingly gave him a large quantity of brandy, more than a pint, as they informed me. They then placed him in a carriage, and brought him to my house. Upon examination, I found him so thoroughly intoxicated, that it was impossible to rouse him; and thinking that they had already adopted the best possible remedy for the case, I directed them to take the man to his quarters again, and send for the surgeon of the post, who might resort to such local treatment as he thought best. I did not see the man again, but was informed afterward, that though very ill that night from the effects of the large quantity of brandy he had taken, he did not then or subsequently suffer in any way from the bite of the rattlesnake. Have any of your readers, Mr. Editor, met with a similar case?

September, 1852.

From the Dublin Medical Press.

On the Curative Treatment of Aneurism of the Aorta, by O. B. Bellingham, M. D.

At the meeting of the Surgical Society of Ireland, held on the 24th of January, Dr. Bellingham read a most important paper on this subject, and illustrated his observations by cases. The following are the conclusions which the author deduced:

1st. That aneurism of the aorta is not necessarily an incurable disease.

2d. That it appears to be more amenable to curative treatment than is ordinarily supposed.

3d. That treatment ought always to be specially directed to this object.

4th. That when a spontaneous cure occurs, it is always by the gradual deposition of the fibrine of the blood in layers within the aneurismal sac, until it is filled up.

5th. That if we hope to succeed in effecting a cure, it must be by imitating the mode by which nature brings this about.

6th. That in order to favor the gradual deposition of fibrine,

we should aim at diminishing the mass of blood, and lessening the strength and rapidity of the current through the aneurismal sac.

7th. That this can only be indirectly accomplished by acting on the general circulation.

8th. That neither bleeding, purgatives, diuretics, digitalis, nor the various other remedies which have been employed in this disease, can be depended upon for producing these effects.

9th. That an extremely restricted diet, particularly in fluids, continued for a certain time, appears to have the effect of rendering the pulse small, compressible and slow, and at the same time, of diminishing the mass of blood.

10th. That the cases related afford evidence that these results may be brought about by treatment conducted on the foregoing plan.

11th. That this method of treatment, to prove effectual, must be steadily and perseveringly carried out, and must be continued until a decided impression is made upon the disease.

12th. That it is adapted, not only to aneurism of the thoracic and abdominal aorta, but to aneurism in any of the immediate branches of these vessels: and that, if employed as a preliminary to compression, pain will be diminished, and the duration of the treatment considerably abridged.

From the St. Louis Medical and Surgical Journal.

Veratrum Viride or American Hellebore, as an Arterial Sedative.—By J. H. Woodcock, M. D.

If not apprised already of it, I would wish to call your attention to an article lately brought to the notice of the profession here, as being very potent in controlling the circulation in disease of accelerated action of the heart and arteries.

My attention was called to the use of the article on yesterday, by the discoverer of it, Dr. Wesley C. Norwood, of Georgia, who in person handed me a small vial of the tincture for trial.

The article in question is a saturated Tr. of the veratrum viride, or green hellebore; made of the root of the plant. The herb grows abundantly in N. Carolina, Western New York, &c. It grows on hill sides in the vicinity of swamps. In appearance resembling the mullen, growing 4 or 5 feet high. I was unusually busy when the Dr. called, and failed to get either its botanical description or his address from him.

Supposing that your knowledge in this respect will enable you to find this plant in Missouri, is one of my leading reasons for addressing you on this subject, as the article is no doubt abundant with you.

Dr. Norwood read me some dozen letters from members of our profession, in S. Carolina and Georgia, affirmative of all he claims

for the remedy. According to their united testimony, the Tr. given in 8 drop doses every three hours, will of a certainty reduce the pulsations from 130 per minute down to 95 or 80, in eight to twelve hours, thereby enabling us in puerperal fevers, pneumonia biliosa and other similar diseases, to break up the chain or diseased action like a charm. Dr. N. informed me that many cases descriptive of its successful use, were noticed in the Georgia Journal devoted to medicine.

The late edition of the United States Dispensatory has the following in reference to the medical properties and uses of the American hellebore. "In addition to its emetic action, which is often violent and long continued, it is said to increase most of the secretions, and when freely taken, to exercise a powerful influence over the nervous system, indicated by faintness, somnolency, vertigo, head-ache, dimness of vision, and dilated pupils. According to Dr. Osgood, it reduces the frequency and force of the pulse, sometimes when taken in full doses, as low as thirty-five strokes in the minute."

From L' Union Medicale.

On Hereditary transmission of Phthisis, by M. GUILLOT.

SINCE 1825, M. Guillot has been tracing out the history of certain cases of phthisis, in order to illustrate the laws which regulate the hereditary transmission of this disease. He follows the history of the family line, in order to ascertain whether this does not, by successive degradation, become exhausted and extinguished. He refers to the case of a man who died of phthisis, aged 66. Before the age of 48 all his four children died of the same disease; all had children, but the third generation did not survive the period of the first dentition, all being carried off either by pneumonia supervening on tubercle, or by tubercular meningitis. In another example, a grandfather died of phthisis. One of his daughters also died of it at 30. The other daughter is still living, but three of her children have died either of tubercular pneumonia, or meningitis. The general conclusion is, that in proportion as phthisis descends in the genealogical scale, its manifestation takes place at an earlier period in life. A child will run greater chance, therefore, of falling a victim to the consequences of the numerous accidents of a tubercular affection, in proportion as the phthisical parents who have given birth to it, have not attained advanced age. In a diagnostical point of view, then, the existence of tubercular disease in the offspring, while yet young, offers a very strong presumption of phthisis. The practical importance of this is especially evident in pneumonia, so common is it to find tubercles of the lungs in the bronchial glands, masked by the signs of this affection.

EDITORIAL.

Transactions of the Medical Society of the State of Missouri, at its second Annual Session, April, 1852.

THE annual address of the President, Wm. M. McPheaters, M. D., is devoted to the subject of medical reform. While he admits that the standard of professional education is much lower here, than in Europe, where the strong arm of law is exerted to protect the man of science, and crush the pretender; he shows conclusively, that legal enactments for the protection of the medical profession, equally with those for the establishment of religious systems, are inconsistent with the genius and spirit of our institutions; that the only line of distinction that can be drawn, between the faithful, educated physician, and the arrogant, illiterate quack, must be the plain distinction between ignorance and learning; between empiricism and science. Medical schools are shown to be dependent entirely upon, and consequently the standard of requirements for graduation capable of being regulated by, the profession. The responsibility is, therefore, not with the schools, but with the mass of physicians in whose offices students receive, or should receive, a large part of their medical education: but, in order to accomplish any thing valuable, there must be concert of action.—The machinery of reform is already at work in our National, State, County, and local societies. Let the recommendations of our National Congress be regarded as laws, for the governance of State and subordinate associations, and the work will soon be accomplished.

The report of the Committee on Surgery, from the pen of Prof. Charles C. Pope, is well written, and contains a digest of the recent improvements in that branch, both in this country and Europe. After noticing Dr Sims' method of treating vesico-vaginal fistula, he says:

A most ingenious, and, it seems to me, valuable improvement on Dr. Sims' suture apparatus, has been mdae by our townsman, Mr. J. Thompson. Wishing to obviate the tediousness and difficulty of application of Dr. S.'s contrivance, he has imagined a

mechanism by which the wires are secured in the form of small teeth, to the posterior clamp, which is likewise furnished with two small ratchets, the whole intended to be received in corresponding apertures in the anterior clamp; when, by simple and gentle pressure, the two are approximated and retained. The edges can be freshened either before or after the application of the suture.—While possessing the same retentive power as the suture of Dr. Sims, it would seem to have the advantage in being more easily applied and removed. By the aid of certain appliances, it is easy to effect both movements. A slight modification adapts the contrivance to longitudinal, as well as the transverse fistulæ. Mr. Thompson has extended his idea to sutures adapted to hare lip, staphyloraphy, hypospadias, ruptured perineum, and other cases, whose beautiful application must be seen to be properly appreciated.

We sincerely hope that the new impetus and improved methods given to these cases of vesico-vaginal fistula, will be attended by the best results in extending the domain of surgery, and in affording comfort and happiness to many hitherto incurable and deplorable patients.

Within the last fortnight, we have operated on a case of vesico-vaginal fistula, besides the one already referred to. We made trial of the method of Dr. Sims. The position which he recommends is certainly most advantageous for both sight and manipulation, and possesses all the benefit claimed for it by its author. Through the large opening, one inch and a half in length, by three quarters of an inch in width, and situated transversely at the neck of the bladder, we could easily look into that empty viscus, and distinctly trace the rugæ of its sides and fundus. The catheter also fully answered our expectations. A difficulty of no inconsiderable magnitude, with which we had to contend in the management of this case, was an almost complete co-arctation of the vagina, immediately posterior to the fistulous orifice. We felt inclined to attempt first, a closure of the abnormal opening of the bladder, with the intention, if successful, of subsequently endeavoring to overcome the vaginal stricture. After having thoroughly freshened the borders of the fistula, we succeeded in applying the suture apparatus of Dr. Sims, most satisfactorily; but whether from the proximity of the stricture, or from the inodular tissue easily taking on ulceration; whether a too close proximity of the clamps had been effected, or from other and all these causes combined, we failed in obtaining more than a very partial success, the opening having been closed in about a fourth of its extent.

The report on obstetrics contains the opinions of the Committee on questions now exciting an interest among obstetricians. On the subject of anæsthesia in midwifery, after meeting objections

urged against it, and enumerating some of its positive advantages, they hold the following language:

Although we believe that chloroform is a harmless agent, when properly administered, we do not advocate, nor do we practice, its indiscriminate use in midwifery. We think that there are contra-indications to its use. In labors altogether favorable, there can be no urgent reason to use it. But when the labor is unusually severe and protracted, the physical suffering demands alleviation on account of itself, and because it is apt to produce pathological conditions. In such cases, it is not necessary to push chloroform so far as to produce unconsciousness.

In instrumental labors, it is not necessary to carry the inhalation any further; nor is it in cases of ordinary turning. It is only in cases of difficult turning, that it must be used in a bolder manner, to overcome the contractions of the womb, which would otherwise render the operation almost impracticable.

On the nature of puerperal fever, after an interesting examination of the causes producing it, and the manner in which the circulating fluids may become vitiated, they draw the following inferences.

From the evidence before us, derived from a careful study of the recorded experience of others, and our own observations, we hold these propositions to be true:

I. Puerperal fever is an essential fever, the source of which is to be found in the vitiated state of the blood.

II. Such vitiation may exist in a mild form, or a more deadly form, without any inflammation.

III. Most frequently, however, the condition of the blood produces inflammation in some of the organs.

IV. Such inflammations may be in the peritoneum, the mucous membrane of the bowels, in the veins of the uterus, in the proper tissue of the uterus, or its appendages, or in any of these combined.

V. As in other cases of puerperal affection, secondary inflammation, followed by puerperal deposits, may arise, in the thorax, in the joints, in the eye, or in the muscles.

The practical propositions are these:

I. That as puerperal fever does exist without inflammatory complications, such cases do not require the use of the lancet or other direct depletives.

II. That owing to the quantity of the poison received into the circulation, or to the feeble habit of the body, which prevents a due resistance to it, or to both of these combined, inflammation sometimes arises, which is of so low a type that depletives are to be used with much caution.

III. That when open inflammation arises, it then becomes the predominant element of the disease, and the loss of blood is borne

with more toleration in inflammation, than even in a state of health. The lancet is then to be used boldly and decisively, as also its adjuvants, calomel, opium, &c.

The report on the domestic adulteration of drugs, shows that mercurial ointment and blue mass has been so largely adulterated as in many instances to be entirely inert. The pulverized vegetable medicines are also very liable to adulteration, and that too, by domestic dealers. The report concludes by recommending the adoption of measures to secure legal interference.

The transactions contain also an essay on medical education, by A. Hammer, M. D.; an essay on erysipelas, by J. P. Vaughan, M. D.; a report on the topography of the county of Boone, by J. Wilcox, M. D., and a communication on bilious fever, by H. Schoeneick, M. D.

The volume does honor to the society. J.

Transactions of the Medical Society of the State of Pennsylvania, May, 1852.

No one fact, perhaps, indicates more truthfully the intelligence and progressive spirit of the medical profession, than organization, where the knowledge and experience of each is contributed for the benefit of all. The transactions of our State Medical Societies are invaluable depositories of facts and materials for generalization. The volume before us contains well executed geological maps of several of the counties, an interesting feature, and one which we commend to the consideration of the local societies of our own State.

We congratulate our friends in Pennsylvania upon what they have already accomplished, and shall look with interest for the results of their future labors. J.

The Physician's Visiting List, Diary, and Book of Engagements for 1853. *Philadelphia,* Lindsay & Blakiston.

We have received from the publishers, the second annual with the above title. In the preface, they say:

The publishers were first induced to prepare this little work, from the frequent inquiries they had for something of the kind, and at the recommendation of numerous physicians: its very favorable reception by the profession has afforded them much grat-

ification and encouragement. With it in his pocket, the practitioner has always by him a list of patients, his professional engagements, and his day-book, as well as a diary, or memoranda.—They intend continuing it from year to year, and they trust it may be found so indispensable, that after once using it, physicians will never again be without it. Copies can be had, prepared for *twenty-five* or *fifty* patients per week.

No physician who has once used it, would willingly be without it. J.

Translated from the French.

Treatment of Chronic Diseases of the Heart.

(CONCLUDED FROM LAST NUMBER.)

Narcotics. One is often tempted to give to patients affected with asthma and a severe suffering, which makes them desire death, a narcotic preparation, opium, the salts of morphine or belladonna. Hope says that opium united to digitalis has been serviceable in his hands in overcoming this morbid state. In proportion as the symptoms are more nervous than vascular, they may be moderated by narcotics and anti-spasmodics, and in this secondary manner the cardiac and pulmonary circulation may be acted upon.

If we except this special indication, I have seen only bad results from the use of opium. One may, without doubt, quiet the nervous system, and the patient for a time realize less sensibly his sad condition; but it is only for a very short time, and purchased at the price of frightful dreams, a painful awakening and a suffering more intense than before. Besides, opium augments the cardiac and pulmonary congestion, enfeebles innervation and muscular irritability, and assists in increasing still more the cyanosis, the cerebral congestion, and that which already exists in the other organs.

Tonics and excitants. I have already alluded to the embarrassment of the physician called to treat an affection of the heart, and compelled to choose between debilitants and tonics. An opinion which at the present time has many adherents in Germany, and even in France, attributes great efficacy to the tonic treatment and especially quinia, preparations of iron, bitters, and a generous diet. This treatment is not adapted to all cases; it is, however, more frequently applicable than the debilitating treatment, and is free from many of its dangerous consequences.

In order to derive from tonics the greatest benefit, they should be administered in cases in which there is present, one or more of the following morbid conditions :

1st. If the heart is already affected with passive aneurism, and the venous system of the cephalic extremity congested, we may seek to stimulate the heart by substances such as quinia, aromatic tinctures of cinnamon, of menthæ, wine, brandy, ether, acetate of ammonia, and coffee ; which I have found beneficial in some cases almost desperate.

2d. These therapeutic agents ought to be liberally employed, in cases where there are chronic lesions of the respiratory passages, as catarrh, emphysema, or pulmonary tubercles ; they may be associated with expectorants, which act admirably in exciting the bronchial capillaries ; such are the preparations of Scilla, Kermes, Tartrate of Antimony, and Ipecac, given in nauseating doses, Sulphur, Nitrate of Potassa, Balsam of Tolou, Benzoin, Pitch, Turpentine, Morton's Pills, &c.

3d. The preference should be given to bitter tonics, to preparations of Iron, Quinine, and a tonic and stimulant diet, when there is reason to fear debility ; their use should be still more strongly enjoined, in cases of symptomatic anæmia.

4th. Albuminuria, which may be called congestional, to distinguish its true nature, can be advantageously modified by the preceding medication.

5th. Lastly, in feeble, dropsical subjects, the stimulation of the vascular system ought to be but rarely tried, and then, aided by blisters placed over the precordial region, the sides of the chest, the hypochondriac regions, and the inferior extremities. By these means, the action of the heart, in phlegmatic subjects, who are not too excitable, may sometimes be restored. It must not be forgotten, that life having been diminished in the capillaries, gangrene easily takes possession upon skin denuded, or distended with serum ; we should, therefore, have recourse to blisters only in cases where other stimulating agents have failed. We may substitute for them, alkaline, saponaceous, or sulphurous lotions, frictions, with aromatic liquors, &c. They will be injurious where the skin is strongly distended with dropsical effusions.

The dietetic regimen to which the patient should be confined, is

an important part of the tonic treatment. I have nothing in particular to say, in regard to it, except to advise not to proscribe wine or moderate exercise, which appear to me rather useful than injurious. I have seen unfortunate aneurismatics come into our hospitals, worn down by suffering, by hardship, and often by intemperance; but relieved by the aid of vinous drinks and coffee, and a generous, reparative diet.

Anti-spasmodics. With the preceding medication may be associated the anti-spasmodics, such as ether, musk, valerian, succinate of ammonia, for the purpose of modifying, or even arresting the asthma, the precordial anxiety, the palpitation, and the restless wakefulness which accompany pulmonary congestion.

Medicines adapted to excite the capillary circulation in the organs. The heart is often unable to impel the blood in the parenchyma, and in spite of the preceding treatment, the capillaries remain congested. These congestions may be overcome, either directly, by blood-letting, as I have already said, or by exciting the secretion of products proper to the engorged tissue. It is thus that by the aid of diaphoretics, and the sweating properly conducted, the cutaneous capillaries may be disengorged; that by drastic purgatives, as elaterium, colocynth, and bryona, secretions, often abundant and salutary, of serum, mucus, or bile of the intestines may be excited, that with diuretics producing copious urinary secretions, the renal congestion may be sometimes reduced. The bronchial capillaries are more difficult to be relieved.

Ipecac. pulv. Dov. emetics and expectorants, as already indicated, may be administered. Vomiting by the contraction of the diaphragm, and the disturbance which it induces, excites favorably the capillaries. I will even say that this medication is the only one by which we may act directly upon the pulmonary circulation. It is only necessary to select the cases, and not to prescribe this dangerous treatment for patients already very much enfeebled, and in the latter stages of the cardiac affection.

From our examination of the principal methods of treatment, it results; 1st. That to correct the feebleness of cardial propulsion, the tonic and stimulating medication should, in general, be preferred to blood-letting, digitalis, and narcotics. 2d. That it is necessary to restore to the blood its physiological properties, by tonics, and

ferruginous preparations. 3d. That in addition to the above, treatment should be directed to the bronchial, renal, hepatic, intestinal and cutaneous circulation. The treatment indicated by Senac, Corvisart, and Laennec, is still that which offers the most chances of success.

I have had no other end in view, in writing this essay, than to localize, in a small number of cases, the origin of the various symptoms of diseases of the heart; and then to point out, along with the therapeutical indications derived from the pathological physiology, the agents the most capable of meeting them. I have wished, also, to furnish to the practitioner, a guide to enable him to distinguish, in symptoms, that which is mechanical and hydraulic on the one part, vital and dynamic on the other; and, finally, to point out the danger and utility of blood-letting, digitalis, and a few other therapeutic agents. J.

Clinical Lecture, in the U. S. Marine Hospital, by W. B. Herrick, M. D.

The patient before us has been sick nine weeks—was treated at Cleveland, probably for pneumonia—he partly recovered, but continued to cough, raising blood at times—has had pain in the chest and right side, has had little or no appetite, occasional chills followed by fever, and has felt himself constantly losing strength.

You will observe that his skin is pale, tongue slightly furred—he is emaciated, and presents the appearance of great debility.

On an examination of his chest, we find the upper portions of both lungs resonant on percussion, the lower lobes somewhat dull, especially on the right side. The liver extends below the ribs, where its free edge is distinctly felt, across into the epigastric and left hypochondriac regions. It is tender on pressure.

Auscultation reveals the natural respiratory murmur in the upper portions of the lungs, deficient or obscured respiratory sounds in the lower portions, and the mucous ronchus at the line of separation between the resonant and dull portions.

There has evidently been inflammation of the parenchyma of portions of both lungs, complicated with hepatitis. At the present stage of the affection, it is difficult to say whether the liver or lungs became first implicated, or whether both were simultaneously affected.

A few days previous to his admission, he had a new attack of pulmonary inflammation. The pulse was quick and full, tongue coated, skin hot and dry, and urinary secretion scanty. Auscultation showed the usual sounds of pneumonia. The matter expectorated was tinged with blood. He was ordered chloride of sodium ℥j, opii. grs. iij, every four hours. In 24 hours the inflammatory symptoms had nearly all subsided, and yesterday he presented very much the appearance you see this morning.

We will take this occasion to make a few remarks on what we believe to be the pathology and indications of treatment in pneumonia. In order that we may have clear ideas of the changes which take place, we will call your attention to the physiological relations of assimilation, and excretion. For the sake of distinctness, we shall use the term primary assimilation to indicate all the changes that take place in food in the alimentary canal, including chymification and chylification, or until it is converted into perfectly elaborated blood. By secondary assimilation, we shall understand the chemico-vital changes by which the nutritious material in the blood-vessels is taken up and deposited, to form the nervous, muscular, fibrous, cartilaginous, and osseous structures. We have here two stages of assimilation, or the introduction and appropriation of food; but this food having subserved the purpose of the economy, must be removed, and the process by which it is thrown off may also be divided into two stages, which, for convenience, we shall call primary and secondary excretion, understanding by the first, the removal of the effete particle, and its transfer into the blood-vessels; and by the second, its elimination from the circulating fluids, by the excreting organs, such as the lungs, liver, kidneys, skin, &c.

When the building up and breaking down processes are equal, or when excretion and assimilation sustain to each other their proper relation, the system is in a condition of health. Any disturbance of this equilibrium, with the exception of that of growth, constitutes disease.

In pneumonia, and most acute diseases, we believe primary excretion is more active than secondary assimilation, by which there comes to be a wasting of the tissues, and an accumulation in the blood-vessels, of fibrine and excretable matters. And as oxygen is the agent by which the breaking down process is effected, it is

evident that we may affect the disease by modifying the amount of oxygen taken into the system. This may be accomplished by abstracting from the system, by venesection, the blood globules, the oxygen carries, but in doing so we also abstract a portion of the nutritious material for the supply of the tissues. It is evident that we may also lessen the amount of oxygen introduced, by reducing the frequency of respiration, and the rapidity of the circulation.

In the treatment of a case of acute inflammation, we have, therefore, to consider the peculiar condition of the system, as pointing to one or all of these means, for the purpose of fulfilling the indications. In patients of strong, healthy constitution, in which there is an abundant supply of blood, rich in albumen, we may resort to blood-letting, followed by other agents calculated to reduce the frequency of respiration and pulsation. But in patients already enfeebled by disease, in whom the blood is impoverished, and the assimilating forces weakened, it seems to us hazardous to reduce the quality of the blood still more, and weaken to a greater extent, the life forces. We prefer, therefore, in such cases, to endeavor to meet the indications, by acting on respiration and circulation in some other manner than by direct depletion, and for this purpose, opium is perhaps better adapted than any other agent with which we are acquainted.

Given in full doses, by which we mean from three to six grains, repeated every four to eight hours, it not only modifies the respiratory and circulatory movements, but also acts upon the excreting organs, as the skin, kidneys, &c. This is especially the case if combined with full doses of quinine. In this manner we believe we are able to maintain, as nearly as may be, the healthy constitution of the blood itself, while we correct the exaggerated primary excretion, without impairing secondary assimilation.

There may be normal assimilation, and exaggerated excretion; there may also be normal excretion, and deficient assimilation, constituting a lower grade of inflammation.

This latter condition is frequently met with in patients who have been exposed to miasmatic influences, whatever they may be.

One prominent feature in a majority of diseases that we are called to treat, is anæmia, impoverished blood, and torpidity of the organs concerned in secondary excretion. This is especially

the case in the patient before us. The skin was dry and rough, the liver congested and inflamed, and therefore incapable of performing its function; the secretion of the kidneys scanty, and the lungs throughout nearly one half of their extent, so much diseased as to be unable to eliminate the usual amount of carbon. The inflammatory symptoms were subdued by opium. The skin was excited by opium, combined with quinine. The liver and kidneys have been stimulated by the alkali soda, in combination with chlorine, which, as well as iodine, seems to us to be capable of taking the place of oxygen in the blood.

The future treatment must consist of tonics, and a supporting diet. Iron, to increase the blood globules, food, rich in albumen, to nourish the tissues, and alkalies, to keep up the action of the secreting organs, and especially to keep the biliary secretion in a soluble condition, and thus favor the reduction of the hepatic congestion.

We have another case here, affected with pleuritis, with a slight pneumonic complication. This patient had been under treatment several days, for intermittent fever; the paroxysms had been arrested, but he was still very much debilitated. Two days since, he was attacked with pleuritis. At the time of the morning visit, his pulse was 120 per minute, full and strong; the skin hot and dry; the tongue coated; constant disposition to cough, but extreme pain on making the least effort to do so; respiration abdominal; face flushed; countenance indicating much anxiety and distress. Percussion showed slight dulness over the region of the left lung.—On listening for the respiratory murmur, we found it obscured by a very distinct friction sound, revealing pleuritic inflammation, which already seemed to have invaded the whole of the left side. The inflammation was active, but a few hours had elapsed since its first development. The pain and anxiety were intense. The tendency here was evidently to exaggerated primary excretion, the particle was seized upon as if by force, and thrown from its position, while its place was not supplied by new material. There had also been, for some time, deficient action of the secondary excreting organs, the blood was loaded with effete matters, while at the same time, it was wanting in albumen, and perhaps other nutritious materials.

We had here two ends to be accomplished. First, to arrest the

excessive action of the breaking down force; and secondly, to aid the organs concerned in secondary excretion, in their elimination from the system, of the worn out matter.

To meet the first indication, we prescribed opium, grs. jv., every six hours. To meet the second, we combined with each dose, quinine, grs. vij., ipecac, grs. j., with a view to its acting on the skin, and probably other excreting organs.

Yesterday morning, after being under that treatment twenty-four hours, we found him with a pulse 100 per minute, soft and compressible, the skin moist, and possessed of that peculiar, clammy feel, so frequently noticed in profuse perspiration from quinine and ipicac; the pain in the chest almost entirely relieved; a slight rubbing sound was heard at one point only, breathing free and easy, tongue coated, dark and dry along the centre, still some cough, sputa slightly tinged with blood.

R. Sulph. Quinine grs. xxjv.
Opii. grs. xvj.
Chlo. Sodii. ʒjv.
M. ft. Chart. No. jv.
Take one every 6 hours.

This morning, as you will perceive, the skin is slightly moist, but cool; the tongue is clean and moist, looks as in health, complains of no pain in the chest, a slight roughness of the respiratory murmur is the only abnormal sound that we are able to detect, the pulse is not more than 80 per minute, rather small and feeble, the secretions of the kidneys and liver seem to be normal. In a word, convalescence seems to be fully established. We shall prescribe for him iron and good nutritious diet, with dilute nitro mur. acid, to assist in the digestion of food.

McHenry Co. Medical Society.

At a meeting of the physicians of McHenry County, held pursuant to notice, in Woodstock, July 24th, 1852, the following Constitution was presented and adopted.

CONSTITUTION.

Art. 1. The name of this society shall be the McHenry County Medical Society.

Art. 2. The object of this society shall be to elevate the standard

of the profession, by the diffusion of medical knowledge, and to promote unanimity of feeling, and concert of action, among the members thereof.

Art. 3. Any regular practitioner of medicine, of good moral character, residing in the county, may become a member of this society, by passing a satisfactory examination before the Board of Censors, and by a two-third vote of the members present at any regular meeting.

Art. 4. The physicians present at the adoption of this Constitution, shall be considered members of this Society.

Art. 5. The officers of this society shall be a President, Vice President, Secretary, (who shall act as Treasurer,) and three Censors, who shall be elected by a majority of the members present at each annual meeting.

Art. 6. The annual meeting of this Society shall be held at Woodstock, on the first Tuesday in January of each year.

Art. 7. This Constitution may be altered or amended by a two-third vote of the members present at any regular meeting of this Society.

The Society thus organized, consists of the following members:

Dr. M. A. Smith,	Dr. Wm. B. Hart,
" E. G. Mygatt,	" M. Baldwin,
" M. F. Irwin,	" C. B. Durfee,
" W. S. Allaben,	" O. S. Johnson,
" Edward Bennett,	" C. S. White,
" R. R. Stone,	" W. F. Colman,
" H. T. Brown,	

The following officers were elected for the ensuing year:

E. G. MYGATT, President,
M. A. SMITH, Vice President,
C. B. DURFEE, Secretary and Treasurer.

WM. B. HART,
O. S. JOHNSON,
M. F. IRWIN,
} Censors.

Resolved, That the Woodstock Democrat, and the North-Western Medical and Surgical Journal, be furnished a copy of the above for publication.

E. G. MYGATT, President.

C. B. DURFEE, Secretary.

Hancock Co. Medical Association.

At a meeting of a number of physicians, held in pursuance to previous notice, at Carthage, Hancock Co., Ill., Oct. 6th, 1852, for the purpose of organizing a County Medical Society, there were present: Drs. Thomas L. Barnes, Geo. W. Hall, and John Mack, of Carthage; Drs. Charles Coolidge, and H. Judd, of Warsaw; Dr. S. T. Ferris, of Fountain Green; and Dr. Daniel Pierson, of Augusta.

Dr. T. L. Barnes was called to the Chair, and Dr. D. Pierson appointed Secretary pro tem.

The object of the meeting was stated by Dr. Coolidge. On motion of Dr. Hall it was unanimously

Resolved, That we now proceed to organize a County Medical Society.

On motion of Dr. Coolidge, a Committee of two was appointed by the Chair, to report a Constitution.

Chair appointed Drs. Coolidge and Hall, said Committee.

The Committee reported a Constitution, which, on motion, was read and adopted, article by article.

After which, on motion of Dr. Judd, it was

Resolved, That we now proceed to the election of officers. On the first ballot, Dr. Coolidge was elected President. Dr. Ferris was elected Vice-President. On motion of Dr. Barnes, Dr. Daniel Pierson was appointed Secretary. On motion of Dr. Judd, Dr. T. L. Barnes was elected Treasurer.

On motion of Dr. Judd, it was

Resolved, That a Committee of three be appointed by the Chair, to draw up Bye Laws, and a Code of Ethics, to be presented at the next meeting. On motion of Dr. Hall, it was

Resolved, That the Secretary be requested to furnish a copy of the minutes of this meeting, to the North-Western Medical and Surgical Journal, and to the papers at Warsaw, for publication.—On motion of Dr. Barnes, it was

Resolved, That when we adjourn, it be to meet at Carthage, on the third Monday in January, at 1 o'clock P. M.

On motion, adjourned.

THOS. L. BARNES, [President pro tem.

DANIEL PIERSON, Secretary pro tem.

American Medical Association.

At a meeting of the Association, held at Richmond, Va., May, 1852, the undersigned were appointed a Committee to receive voluntary communications on medical subjects, and to award two prizes of one hundred dollars each, to the author of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application, after the 1st of June, 1853.

Communications must be addressed (post paid) to the Chairman of the Committee, Dr. Joseph M. Smith, 56 Bleeker street, N. Y., on or before the 20th of March, 1853.

JOSEPH M. SMITH, M. D.,
JOHN A. SWETT, M. D.,
W. PARKER, M. D.,
GURDON BUCK, M. D.,
ALFRED C. POST, M. D.

New York, Sept. 17, 1852.

Rush Medical College.

The introductory lecture in this institution was given by Dr. Brainard, Professor of Surgery, and was listened to by a large and intelligent class of students. The prospects of the college are flattering, and indicate that the efforts of the faculty to meet the wants of the profession, are appreciated. Clinical lectures are delivered in the two hospitals, by Professors Brainard, Herrick, and Davis, thus affording an opportunity for the study of practical medicine and surgery, unsurpassed by any institution in the West.

J.

Medical Department of Michigan University.

We find the following in a letter to the *Democratic Press*, of this city, from a correspondent at Ann Arbor. We hope and believe that the statements are not correct. We are aware that a few individuals would be glad to have a chair of homœopathy established in the university, but we do not believe the *people* of Michigan are making any such effort. The fact, however, that homœopaths desire any such unnatural alliance with the *science* of medicine, indicates that their faith in the system is as weak as their diluted tinctures.

At present, there are 145 students in the medical department, and the number is constantly increasing. There are at least ten of the number who are open advocates of the homœopathic practice, and twice that number who regard the system favorably. The people of Michigan are making an effort to establish a chair of homœopathy in this institution, and there is a fair prospect of their being successful. A petition to that effect is in circulation, and is being generally signed. Its chief opposition comes from the "regular practice."

Yours, MEDICUS.

Ink for the Million.

To the Editor of the American Journal of Pharmacy: The following formula for making a very *superior ink* is not generally known. The facility of its preparation, and its almost incredible cheapness, (about two cents a gallon,) render it worthy a place in your Journal.

℞ 12 oz. avoird. Ext. Logwood,
½ oz. " Bichromate Potash,
5 gallons water;

Dissolve the ingredients separately in water and mix them together, and in a short time the ink will be fit for use.

An analysis of the above would be very desirable.

As an instance of the very great coloring property of hæmatoxylon, I have found that 1-100th of a grain dissolved in 4,000,000 times that quantity of water, will be tinged a fine pink color by the addition of a little aqua ammonia. Yours truly,

W. H. PILE.

Philadelphia, Sept. 13, 1852.